| İ                                                               |                                                                        |                                              |                                           |                                                    |                   |                                       |     |                     |                        | <u> </u>                               |                                         |                                                  |  |
|-----------------------------------------------------------------|------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------|----------------------------------------------------|-------------------|---------------------------------------|-----|---------------------|------------------------|----------------------------------------|-----------------------------------------|--------------------------------------------------|--|
|                                                                 | PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004 |                                              |                                           |                                                    |                   |                                       |     |                     |                        | Application or Docket Number 10/573386 |                                         |                                                  |  |
| L                                                               |                                                                        |                                              |                                           |                                                    |                   |                                       |     |                     |                        |                                        |                                         |                                                  |  |
|                                                                 |                                                                        | CLAIMS                                       | S AS FILED                                | - PART                                             | 1                 |                                       |     | SMALL E             | NTITY                  | 7                                      | ОТН                                     | ER THAN                                          |  |
| L                                                               |                                                                        | <del></del>                                  |                                           | (Column 1)                                         |                   |                                       |     | TYPE                |                        | OR SMALL ENTIT                         |                                         |                                                  |  |
| U.S. NATIONAL STAGE FEES                                        |                                                                        |                                              |                                           |                                                    |                   |                                       |     | RATE                | FEE                    |                                        | RATE                                    | FE                                               |  |
| BASIC FEE                                                       |                                                                        |                                              | SMALL EN                                  | SMALL ENT. = \$ 150                                |                   | RGE ENT. = \$ 300                     | 7   | BASIC FEE           |                        | $\neg$                                 | R BASIC FEE                             | 30                                               |  |
| EXAMINATION FEE                                                 |                                                                        |                                              |                                           | Satisfies PCT Article 33(1)-<br>(4) = \$50 / \$100 |                   | other situations = \$ 100 / \$ 200    | 7   | EXAM. FEE           |                        |                                        | EXAM. FEE                               | 277                                              |  |
| SEARCH FEE                                                      |                                                                        |                                              | U.S. is ISA =<br>ALL other of<br>\$ 200 / |                                                    | All               | other situations =<br>\$ 250 / \$ 500 | 1   | SEARCH FEE          |                        |                                        | SEARCH FE                               | E Y                                              |  |
| FEE FOR EXTRA SPEC. PGS.                                        |                                                                        |                                              | mi                                        | minus 100 =                                        |                   | / 50 =                                | 1   | X \$ 125 =          | 1                      | 7                                      | X \$ 250 :                              |                                                  |  |
| то                                                              | TAL CHARGE                                                             | ABLE CLAIMS                                  | 37"                                       | ninus 20 =                                         | *                 | 17                                    |     | X \$ 25 =           | 1                      | OF                                     | R X \$ 50 =                             | 95                                               |  |
| IND                                                             | EPENDENT C                                                             | LAIMS                                        | 4                                         | minus 3 =                                          | · /               |                                       |     | X \$ 100 =          |                        | OF                                     | R X \$ 200 =                            | 0)                                               |  |
| MU                                                              | LTIPLE DEPEN                                                           | NDENT CLAIM PI                               | RESENT                                    | ESENT                                              |                   |                                       | 1   | + \$ 180 =          |                        | OF                                     | + \$ 360 =                              |                                                  |  |
| * If the difference in column 1 is less than zero, enter "0" in |                                                                        |                                              |                                           |                                                    |                   | olumn 2                               |     | TOTAL               |                        | OR                                     | TOTAL                                   | 193                                              |  |
|                                                                 |                                                                        | 01 41550 40                                  |                                           |                                                    |                   |                                       |     |                     |                        |                                        |                                         | 4/                                               |  |
|                                                                 | CLAIMS AS AMENDED - PART II                                            |                                              |                                           |                                                    |                   |                                       |     | SMALL               | ENTITY                 | OR                                     |                                         | RTHAN                                            |  |
|                                                                 |                                                                        | (Column 1)  CLAIMS                           |                                           | (Colum                                             | <u> </u>          | (Column 3)                            | ı   | OMALL               | <del>,</del>           | סת<br><b>ד</b>                         | SIVIALL                                 | ENTITY                                           |  |
| NT A                                                            |                                                                        | REMAINING<br>AFTER<br>AMENDMENT              |                                           | PREVIOL<br>PAID F                                  | JSLY              | PRESENT<br>EXTRA                      |     | RATE                | ADDI-<br>TIONAL<br>FEE |                                        | RATE                                    | ADDI<br>TIONA<br>FEE                             |  |
| AMENDMENT                                                       | Total                                                                  | *                                            | Minus                                     | **                                                 | •                 | =                                     |     | X \$ 25 =           |                        | OR                                     | X \$ 50 =                               |                                                  |  |
| AME                                                             | Independent                                                            | *                                            | Minus                                     | ***                                                |                   | =                                     |     | X \$ 100 =          | -                      | OR                                     | X \$ 200 =                              |                                                  |  |
|                                                                 | FIRST PRES                                                             | ENTATION OF N                                | MULTIPLE DEP                              | ENDENT C                                           | _AIM              |                                       |     | + \$ 180 =          |                        | OR                                     | + \$ 360 =                              |                                                  |  |
|                                                                 |                                                                        |                                              |                                           |                                                    |                   | ·                                     | •   | TOTAL ADDIT.<br>FEE |                        | OR                                     | TOTAL ADDIT.                            | <del>                                     </del> |  |
|                                                                 |                                                                        |                                              | ,                                         |                                                    |                   |                                       |     |                     |                        | -                                      | ,                                       |                                                  |  |
| _                                                               | <del></del>                                                            | (Column 1)<br>CLAIMS                         | T                                         | (Column                                            |                   | (Column 3)                            | ſ   |                     |                        | <b>.</b>                               | <del></del>                             |                                                  |  |
|                                                                 |                                                                        | REMAINING AFTER AMENDMENT                    |                                           | PAID FO                                            | R<br>SLY          | PRESENT<br>EXTRA                      |     | RATE                | ADDI-<br>TIONAL<br>FEE |                                        | RATE                                    | ADDI-<br>TIONAL<br>FEE                           |  |
| WIEINDIMENI B                                                   | Total                                                                  | *                                            | Minus                                     | **                                                 |                   | =                                     |     | X \$ 25 =           |                        | OR                                     | X \$ 50 =                               |                                                  |  |
|                                                                 | Independent                                                            | *                                            | Minus                                     | ***                                                |                   | =                                     |     | X \$ 100 =          | ~                      | OR                                     | X \$ 200 =                              |                                                  |  |
|                                                                 | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                         |                                              |                                           |                                                    |                   |                                       |     | + \$ 180 =          |                        | OR                                     | + \$ 360 =                              |                                                  |  |
|                                                                 |                                                                        |                                              |                                           |                                                    |                   |                                       | 7   | TOTAL ADDIT.<br>FEE |                        | OR                                     | TOTAL ADDIT.                            |                                                  |  |
|                                                                 |                                                                        |                                              |                                           |                                                    |                   |                                       |     |                     |                        | ı                                      | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                                                  |  |
|                                                                 | ·                                                                      | medicine " "                                 |                                           |                                                    |                   |                                       |     |                     |                        |                                        |                                         |                                                  |  |
| • #                                                             | the "Highest Nun                                                       | nn 1 is less than the<br>nber Previously Pak | For IN THIS SP                            | ACE is less th                                     | an '20'           | . enter "20".                         |     |                     |                        |                                        |                                         |                                                  |  |
| T                                                               | the "Highest Num<br>he "Highest Numi                                   | nber Previously Pak<br>ber Previously Paki   | For" IN THIS SP.<br>For" (Total or Inde   | ACE is less the<br>ependent) is the                | an '3',<br>e high | enter "3".<br>est number found in     | the | appropriate box i   | n column 1             |                                        |                                         |                                                  |  |
|                                                                 |                                                                        |                                              |                                           | •                                                  | •                 |                                       |     |                     |                        |                                        |                                         |                                                  |  |